

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	04/05/2020 16:40
Date Of Accident	01/05/2020 18:40
Exact Location Of Accident	ALONG JALAN HIKAYAT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ8251K
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Insured/Policyholder

Name Of Registered Owner	THO SIAO TING
NRIC No	SXXXX333G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93888882
Alternative Phone No	OFFICE-93888882

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180K-1.6 (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MTPV0100607
Cover Note Number	

Driver

Name of Driver	THO SIAO TING
NRIC No	SXXXX333G
Date Of Birth	05/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	08/05/2006
Driving Experience	13 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93888882
Fax Number	
Contact Number	OFFICE-93888882
EEmail Address	NOEMAIL

Address	BLK846, YISHUN RING RD, #04-3657
Postcode	760846
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE
Passenger 4	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM6305J
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, dispose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

CITY AUTO PTE LTD
Blk 8 Shuang Road
#01-52/00/02 - 1 Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

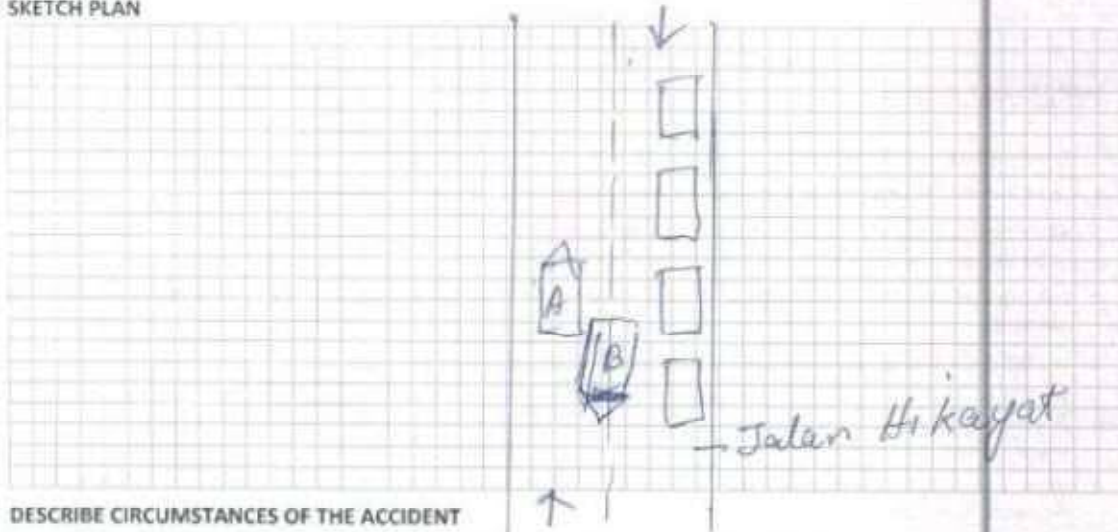
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report Attach

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature _____
Date & Time: _____

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Date & Time:

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-55/50/52 Sin Ming Ind Est
Singapore 575843
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

NRC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200502/0531

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street #1 SINGAPORE 768456
Tel No: 1800-6522999

1 of 3

Report No: T/20200502/0531

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2020 13:49		Vide Report No.		Station Diary No. 44
Informant's Particulars				
Name of Informant: THO BIAO TING		Address: APT BLK 848 YISHUN RING ROAD #04-3657 SINGAPORE 760846		
ID Type / ID No: NRIC NO / S8516333G		Contact No. Home/Office: Mobile: 93888882		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 34	Date of Birth: 05/06/1985	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: SALES PROFESSIONAL		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/05/2020 18:40	Type of Location:
Location: Along Road 1 JALAN HIKAYAT			
Weather:	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ8251K	Car	MERCEDES BENZ	B180 STYLE (R16 LED)	White	Slightly Damaged	4
SMM6305J	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ8251K	TENET SOMPO INSURANCE PTE LTD	D16MTPV0100607 4	21/05/2019	20/05/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20200502/2031

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street #1 SINGAPORE 768458
Tel No: 1800-8522969

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Report No. T/20200502/2031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THO SIAO TING	ID No.	S8516333G
Related Vehicle	SLZ8251K (Car)	Contact No.	93888882
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/05/2020 at about 6.40 pm, I was driving my car (white Mercedes B180, registration no: SLZ8251K) along Jalan Hikayat, and my destination is Jalan Malu-Malu. The rain has already abated and the road surface is wet. Whilst turning into Jalan Hikayat, I noticed that there are cars parked along one side of the road, leaving only my lane passable. I wish to state that Jalan Hikayat is a two-lane road, with broken white center lines. As I was driving through Jalan Hikayat, I spotted a black car (registration no: SMM6305J) turning into Jalan Hikayat from the opposite side of the road. Instead of waiting for my car to move forward first (due to Jalan Hikayat being only one-lane passable at the time), the driver of the black car continued driving forward towards my way.

Upon reaching my car, it was impossible for the both of us to drive past each other without someone giving way. We were right next to unit no: 16 Jalan Hikayat when our cars meet, and I started honking to the driver. I then intended to move into the space, or reverse my car, in front of unit no: 16 Jalan Hikayat, so to allow space for the black car to go pass my car. However, the driver of the black car kept inching forward, ignoring my attempts at honking and alerting him. As he drove past my car, the black car grazed the right side of my car. I have four passengers with me in my car at the time, consisting my mother, my sister, my nephew and my niece.

Upon hitting the side back of my car, I expected the driver of the black car to stop. However, the driver dashed off to unknown direction. I made a check with everyone, and no one is injured. However, they were shocked with what had just happened.

I also made a check with my car and sustained the following damages:- 1) long black mark at the area near to the right rear wheel, 2) scratches at the area near to the right rear wheel.

I have in-car camera installed and have recorded the incident.

I am lodging a report for investigations.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street S1 SINGAPORE 768455
Tel No: 1800-8522999



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Report No: 1000000000000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474685 stating the report number as reference.

Signature Of Officer Recording The Report:
L /

Sr Staff Sgt MOHAMAD FAIROZ BIN
MOHAMED MAKHROF

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
02/05/2020 13:49

Officer In Charge Of Case:
TP / HRT /

Classification Of Case:

Contact No: 65474685

SN 130

Authentication Stamp
NP158



Signature:

Singapore Police Force